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ABSTRACT

This monograph aims to assist parents in dealing with behavior problems of children with disabilities. It begins with a case history of an 8-year-old girl with learning disabilities, emotional problems, and behavior problems and her parents' advocacy efforts to obtain an appropriate educational environment for her. Aversive interventions are described, and a rationale for using them is outlined. The concept of gentle teaching is proposed as an alternative to aversives, based on ignoring the disturbing behavior, redirecting the person into an acceptable behavior, and letting the person know how pleased the caregiver or parent is. The importance of understanding children's use of disruptive behaviors as a way of communicating is stressed. Three ways of responding to a problem behavior are discussed: crisis management, changing the environment, and positive programming or teaching. Practical suggestions are offered to assist parents and caregivers in responding to children when they are having behavior difficulties. The monograph concludes with a list of six references, a list of five additional resources, the position statements of the Autism Society of America and the American Association on Mental Deficiency on the use of aversives, and a resolution on intrusive interventions issued by The Association for Persons with Severe Handicaps. (JDD)

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WHY IS MY CHILD HURTING?

POSITIVE APPROACHES TO DEALING WITH DIFFICULT BEHAVIORS

A MONOGRAPH FOR PARENTS OF CHILDREN WITH DISABILITIES

by

Susan Lehr

Center on Human Policy
Syracuse University
Syracuse, New York

Robert Lehr

State University of New York
College at Cortland
Cortland, New York

for

Technical Assistance for Parent Programs (TAPP)
Federation for Children with Special Needs
95 Berkeley Street, Suite 104
Boston, Massachusetts 02116

December, 1989

DEDICATION

In memory of Vincient Milletich and Bruce Gutske

and for

Becky and Ben

FC 300 463

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PREFACE

"Kindness, respect, firmness, encouragement. These are the ingredients of positive discipline," says Jane Nelsen, author of the book Positive Discipline. For parents of youngsters with disabilities, for caregivers, and for teachers, positive discipline has a nice sound to it. However, when children act out, when they have tantrums, when they are aggressive towards themselves or others, it is not always easy to remember the principles of positive discipline.

In fact, many parents and caregivers have been led to believe that punishment is not only appropriate but necessary. Recently, a host of books and articles have appeared in the professional literature discussing the relative merits of using aversive interventions or punishment, as contrasted to non-aversive or positive programming, to stop a youngster from continuing to be disruptive. Which is better? Is there a correct way? What are parents supposed to do?

This monograph is written especially for parents of children with disabilities who have what are called challenging behaviors. It is divided into sections which include discussions of aversives, why they are used, alternatives to aversives, positive programming, gentle teaching, why children act out, and what parents can do. Real life examples are used to illustrate the points being made. Practical suggestions are offered to assist parents and caregivers in responding to children when they are having difficulties. Additional sources of information are included in the appendix.

The intent of this monograph is to give families and caregivers practical, positive, effective ideas, strategies and support. Having a child with a disability is not always easy but, as many parents will tell you, it can be a life full of joy and happiness. For those families whose child is also "challenging" behaviorally, life can be painful and anxious. We hope this monograph will help to bring back more of the joy and fun.

Our own experiences as parents of Ben, a teenager with autism, compelled us to search for ways that we could deal with his aggression toward others and his violence toward himself. We found a variety of technically written professional books and monographs on such topics as behavior modification, punishment, reinforcement, and so on. These were all written for the educator, therapist, or professional staff who deal with people with disabilities in classrooms or clinical settings. What we could not find was any sort of practical manual or guide for families on how to respond to a youngster in less structured settings in the home and in the community.

During this search we were horrified to learn of the death of Vincent Milletich, a young man with autism who attended the

Behavioral Research Institute in Rhode Island. Mr. Milletich had died during a therapy session during which the use of aversive interventions was practiced. The intention of this type of therapy was to extinguish or eliminate the negative behaviors he exhibited. While it was never proven that the aversive therapy caused Mr. Milletich's death, we could only think of how we would have felt if that had been Ben.

Then a second death occurred. This time the young man was a friend of ours. He had died of suffocation while being restrained by two staff members in his community residence.

It was extremely painful and terribly frightening to realize that if we could not help Ben to gain control over his own behavior, others would do it for him. We recognized that Ben had to learn new ways to control himself and communicate with others. Otherwise his behavior patterns could provoke a recommendation for aversive interventions similar to what Mr. Milletich and our friend had withstood.

As we talked with other parents about these fears we were stunned at some of the stories they had to tell. We were also humbled by the courage and love these parents have for their children that enables them to do what is best for their child, and to withstand the abuse imposed upon them by others outside the family. This monograph is for them. It is our attempt to share some help, guidance, and support.

We would like to acknowledge the contributions of several people who have helped to make this monograph a reality. Our thanks go to Martha Ziegler and Pat Blake (Technical Assistance for Parent Programs) for supporting the idea that a monograph on this topic is just what families need. We also appreciate their patience in allowing us the time and flexibility to complete it in the way we thought it should be done. With preliminary drafts, we received many worthwhile suggestions which were subsequently included. To those who took the time and energy to read the drafts and submit their comments we are grateful. The edits and suggestions of Janet Vohs were invaluable. We are indebted to her for her candor and her accuracy with the red pen. The recommendations included in the appendix were the direct result of discussions with Mildred Hill. They are a very worthy addition. Both Jack Tringo and Steve Taylor provided substantive suggestions which definitely helped to clarify and enhance the final document. Thanks also to Jane P. Carter for her fine suggestions. Finally, we must thank the families who shared their stories and their pain with us. To Jenny and her parents, whose story made us angry, made us cry, and ultimately made us happy, we are sincerely honored that you allowed us to be part of your experiences.

Susan and Robert Lehr
October, 1989

WHY IS MY CHILD HURTING?

Positive Approaches to Dealing with Difficult Behaviors

A Monograph for Parents of Children with Disabilities

Technical Assistance for Parent Programs

TAPP Project

Prepared by the Center on Human Policy, Syracuse University

Why Is My Child Hurting? Positive Approaches to Dealing with Difficult Behaviors was prepared by the Center on Human Policy for the Technical Assistance for Parent Programs (TAPP) Project, funded by the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS), through Cooperative Agreement G0087C3042 with the Federation for Children with Special Needs, Boston and Westfield, Massachusetts. The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Education.

JENNY'S STORY

Introduction

Jenny (a pseudonym) jumped off the school bus yelling, "The nurse will take you back, and Diane will hurt you!" She was tearing at her clothes with one hand and slapping herself with the other. Carla, Jenny's mother, cringed. "Oh, no!" she thought. "Is it starting all over again?"

Jenny is a delicately built eight-year-old girl with flowing long brown hair pulled into a pony tail at the nape of her neck. Her bright brown eyes seem eager to look at everything, and you can almost feel her energy, waiting to burst forth. She is the youngest daughter in a family of six children. The family lives in a quiet suburban development near a mid-sized city in the Northeast.

Despite her cute appearance and lively nature, Jenny is a child with multiple handicaps. Consequently, she is entitled to receive an educational program that is designed to meet her unique needs. Jenny has a variety of special needs. The greatest difficulty involves controlling her emotions. On occasion, Jenny has hit or spit at other people. Sometimes she tries to hurt herself by slapping or punching her face and body. Jenny also is a slow learner. Now, at the age of eight, she is just beginning to learn to read.

During her preschool years, Jenny attended a special program for children who are developmentally delayed or mentally retarded. Upon reaching school age, she moved to the neighborhood elementary school and was placed in a special education room. This classroom is where the real problems began, according to Mr. and Mrs. Berk, Jenny's parents. Although the teacher initially seemed receptive of Jenny, it quickly became apparent to Carla Berk that this teacher and her assistants didn't know how to handle Jenny's behavior problems.

"The school kept sending home bad reports about Jenny," explained Carla. "They would punish her, but it didn't seem to change anything. Then one day when I was visiting the class, I saw the assistant teacher hit one of the other children. It was a swat on the little girl's bottom." Mrs. Berk was very upset. The next day she reported what she had seen to the teacher. She also told the teacher, "I don't want you or anyone else to hit Jenny." The teacher angrily responded that she didn't appreciate parents telling her how to run her classroom. If she chose to punish a child by spanking or slapping, that was her privilege as the teacher. After learning that the principal and director of special education approved of this type of physical punishment, Carla demanded that they agree that no one would hit Jenny.

Reluctantly, even the teacher agreed. (Note: Corporal punishment is prohibited in the state in which Mr. and Mrs. Berk live. The Berks were unaware of this fact.)

Mrs. Berk wasn't sure how to help Jenny control her emotions and behavior, but she did know that slapping or spanking Jenny would only make her worse. "Besides," she reasoned, "it just didn't make sense to try to teach Jenny not to hit herself or others--by hitting her." There had to be a better way.

Things seemed to get worse and worse. It did not take long for Carla to realize why. One day, she learned that Jenny had been slapped in the face by the teacher for repeating something the teacher had said. On another day, Jenny's older brother saw the assistant teacher pull another child's hair and pinch his neck. Jenny's behavior was deteriorating. Her tantrurns were longer and louder. She began banging her head on the classroom floor.

The director of special education informed Carla that a special "box" had been built for Jenny when she acted out. He called it a "time out box," but it looked more like a torture chamber to Carla. The box had been built in the corner of a small room where janitors collected the trash and garbage before loading it into the dumpster outside. The box measured approximately six feet by six feet. Two walls were made of wood and the other two walls were cinder block. The entrance to the box was through a small door in the outside corner of the box. The only source of heat or light came from the janitor's room itself. There was no furniture, not even a chair or table. There were no windows through which someone could observe Jenny's safety or state of mind while she was restrained in the box. This "box" was to become Jenny's "home" outside her classroom.

Even though Carla had vehemently opposed the use of this "prison," Jenny repeatedly was dragged to the box and left there for long periods of time. She was required to eat her lunch there, alone, each day. A male assistant from the high school was assigned to monitor Jenny during this time. She had to sit on the cold cement floor to eat her lunch. On at least one occasion, Carla learned that Jenny was force fed by the teacher, then punished when she spit out the food. Jenny's behavior continued to deteriorate. Her tantrums were longer and more pronounced, and she began to wet her pants, something she had not done in years.

When Mrs. Berk complained to the school administrator she was told, "Jenny simply cannot function in a public school." There had been complaints from teachers and other parents who didn't want Jenny in their school. She was simply too disruptive. She would have to go somewhere else.

Carla and her husband were not sure what to do. They wanted Jenny to be in the same school as their other children, but Jenny's

behavior problems seemed to be overwhelming. Besides, they didn't want her to continue in a classroom where the teacher and assistant used physical force to control her. Worse, they could no longer stand the thought of their little Jenny spending her school time isolated in a cold wooden. They knew they needed help.

They contacted a local information and referral service for families with children with handicapping conditions. Carla explained their problem, and she was immediately referred to the Parent Training and Information (PTI) Center in her state. The PTI is a center that offers free information and training for families of children with disabilities on a variety of issues. One of their most popular workshop series explains the legal rights families have for free and appropriate educational services for their child with a disability. Included in these sessions are opportunities for families to discuss their own situations and receive guidance on how to work with the school system to remediate any problems. This was just the assistance Carla needed.

Along with other parents of children with special needs, Mr. and Mrs. Berk learned they had a legal right to be involved in planning Jenny's education. This involvement included having an important role in selecting goals and designing the type of methods that would be used to help her learn. They learned that under Public Law 94-142, the Education for All Handicapped Children Act, Jenny had the right to an Individualized Educational Plan (IEP) which would address her unique educational needs, including her behavioral outbursts. Mr. and Mrs. Berk also learned that if they did not approve of a particular goal or method used to teach Jenny, they had the right to object to its inclusion in the IEP. If, for example, Carla objected to the practice of slapping or spanking Jenny, she could refuse to agree to the use of these interventions, and another method could be selected which would then be written into Jenny's IEP. If the school or the teacher persisted in using methods that were not approved of by the Berks, Carla and her husband had due process rights which included the right to request an impartial hearing. This means that if the Berks thought that the process for approving the treatment was unreasonable, arbitrary, or capricious, they had the legal right to request a fair and impartial hearing where all information would be considered.

Armed with this new knowledge, Carla sent a letter to the director of special education. She stated she did not want Jenny placed in the "box" any more, and requested a hearing to determine if the use of the "box" could be eliminated totally. She also contacted the lawyers at the local legal services office and asked for their assistance, if necessary.

The director of special education responded to Carla's letter by

stating that no longer would Jenny be confined in the "box." However, he added, Jenny would continue to be removed from the special education classroom and confined in the janitor's room where the box was located whenever she was disruptive. In response to the request for a hearing, Carla was told that this would not be necessary because the decision had been made to send Jenny to a different school in the fall, a school for seriously emotionally disturbed students.

Carla knew she did not want Jenny to go to this type of a school, but she also recognized she would have to visit it in order to defend her position. What she saw horrified her. For example, when children were disruptive in class, they were removed to a padded room and kept in isolation. Carla knew Jenny's behavior would only become worse in a setting like this. Remembering the training she had received from the Parent Training and Information Center, Carla knew she had the right to refuse this placement.

Although this knowledge was a small comfort, the Berks were facing a real dilemma. They didn't want Jenny to return to the classroom where she had been treated so badly. At the same time, they were unwilling to accept a new school placement in which Jenny would continue to be hurt. It seemed that the only acceptable option was to keep Jenny at home. The Berks quickly realized that this option would deny Jenny an education. They also recognized that Jenny urgently needed opportunities to learn and grow with other children. It seemed as if there were no acceptable options.

Finally, the school year ended and Jenny began to attend summer school. Fortunately, she had a new teacher who seemed to take a real interest in Jenny. She told Carla about a program at another school in the district that might meet Jenny's unique needs. This was the first message of hope Carla had received in a long time. The teacher in this new program had worked mostly with children with emotional disturbance. He was not sure he knew how to work with someone like Jenny who had other learning disabilities, but he was willing to try.

Carla was stunned when he asked her what she wanted Jenny to learn, and what she expected from the school and from him. It was the first time anyone in the school system had asked her opinion or requested information about Jenny from her. She began to hope that things might finally get better. She enrolled Jenny.

It is now almost one year since Jenny moved into her new school. She is learning to read and her disruptive behaviors have almost stopped. She likes school and no longer has a tantrum each morning before the bus arrives. She has made some friends. In her new class, Jenny is learning to express herself more positively, to control her emotions, and to behave more like other children her age. She is no longer spanked, slapped, or put in isolation. Best

of all, according to Carla, each of the second grade teachers in the building, has asked if Jenny could spend part of the day in her regular class starting in the fall. Carla points to the sentence on Jenny's IEP from a year ago which stated "Jenny cannot be integrated into regular classes." This statement seemed to put the blame on Jenny. Now Carla knows that if the teacher had been willing to teach Jenny some positive ways of behaving, instead of relying on punishment, this statement would never have been made.

She also knows that Jenny has not forgotten the "box" and her former teacher. Even though she attends classes in another school, recently she saw the person who previously had dragged her out of her room and placed her in the box each day at lunch. She was scared that it would begin again. "All day at school today she was able to control herself, but when she got home she just fell apart. She is afraid that she will have to go back and that the teacher will hurt her again," explains Carla.

Carla also is learning new ways of helping Jenny. Through the Parent Training and Information Center, Carla has been participating in a series of workshops on positive ways of responding to a child who is having a tantrum or acting out. She has learned that Jenny's behavioral outbursts are a way of communicating her confusion or upset feelings, and she is helping Jenny learn more acceptable ways of expressing these feelings. "Jenny needs to learn how to control herself, and not how to be controlled by others," explains Carla. Carla is also learning that while arbitrary punishment (e.g. time out) may work to stop a particular behavior, there may be a more effective and positive way of teaching the same thing. She is learning that it is important for Jenny to experience some real consequences for how she behaves. For example, when she is upset and tears her new dress, Carla insists that Jenny continue to wear the dress. Carla also wants to teach Jenny how to repair the rips in her dress. "I think if she could fix her own dress she might think more carefully before she makes another tear, and she would be learning a practical skill at the same time."

The Controversy

This true story evokes many questions. Why did Jenny act out? Was the school right in punishing her? Was the punishment effective? What do parents know about the use of punishment or "aversive interventions" such as those used on Jenny? Is there a better way? If so, what is it and how can parents find out more? What is right?

To begin answering these questions, parents of children with disabilities such as Jenny has, should know that within the fields of disability and special education, there is a controversy concerning the use of "aversives" or punishment procedures. Later,

we will describe these procedures in some detail. For now, it is enough to know that these techniques, which can involve more than physical punishment and isolation, are used as a way of stopping or controlling people with disabilities who are very aggressive toward others or themselves. On the one hand, some professionals and parents believe that punishment or other aversive strategies are needed to control people who are aggressive or repeatedly hurt themselves. They argue that punishment does work, at least in the short term because it stops people from seriously hurting others or themselves. In some cases, they claim that it is the only strategy that will work.

Other professionals and parents are quite strong in their opposition to such treatment They think there is a better way--one that is not based on punishment. They argue that hurting people is wrong and that non-aversive alternative methods are more effective in the long term because they foster greater self-control. They also argue that, morally and ethically, the use of aversives is inhumane, akin to torture and should be outlawed. Indeed, in some states, legislation has been proposed that would outlaw the use of aversives.

Proponents from each side of the argument can cite examples to "prove" their argument. And yet, the controversy continues. Who is right? How do we know what is right? Where do we find the answers? In order to begin to answer these questions, this discussion begins with an understanding of what "aversives" are and why they have been used with certain people. Alternative strategies will also be discussed, as well as some of the reasons why people with disabilities may be aggressive toward others and themselves.

AVERSIVES - WHAT ARE THEY?

An aversive intervention is some action or thing that is repugnant or strongly disliked by a person, something a person would not willingly choose to have happen to him or herself. Aversives can be physical such as forcefully removing someone from a setting, slapping, pinching, or restraining. An aversive can be verbal, such as belittling, humiliating, or shouting. Aversives can be social such as isolating a person (i.e. timeout), denying certain privileges, or removing personal possessions. (See TASH position statement in appendices.)

Aversives can take many forms, and can be used in varying degrees. However, they are not universally used on everyone. Guess (1987) notes that "...the type of aversive stimuli used as part of the procedures with children and adults who are disabled correspond closely to similar stimuli used occasionally with some adult political prisoners." Later, in the same article, he notes that "...there are two other populations on whom aversive procedures

have been used extensively - psychiatric patients and criminal offenders." (Guess, 1987).

In most regular school settings, aversive procedures usually involve some form of "time-out" or solitary confinement during which the child is removed from the setting for a specified period of time. The commonest example is sending a child to the principal's office. In Jenny's case, she was removed from the classroom every time the teacher found her behavior disruptive. The amount of time Jenny was out of the classroom depended upon a variety of factors. At other times, Jenny was spanked and her hair pulled. It should be noted that, in some instances, time-out procedures can be positive if the child is a willing participant. For example, a child may voluntarily stop an activity in order to regain his or her composure, or may request to leave the setting for a similar reason. Usually, however, time-out and isolation are imposed upon the child as punishments for misbehavior.

In his chapter titled "In Pursuit of Integration," Biklen describes in graphic detail some of the aversive techniques used at Behavioral Research Institute, a residential school for students with behavioral disorders. Briefly, these include "loss of social privileges; shaving off someone's beard; being forced to eat cold food; taking away personal possessions; wearing restraints (handcuffs or anklecuffs) or camisoles (strait jackets); corporal punishment consisting of finger pinches or spanking of the thighs, buttocks, foot, hand; vapor sprays to the face or lemon juice sprays into the mouth; forced inhalation of ammonia capsules; buckets of chilled water being dumped over the person's head; being deprived of food or being given unpalatable food (dessicated liver powder)." (Berres and Knoblock, 1986)

While we are horrified by the use of these types of aversive measures, many parents will say "But that's not what my son or daughter's teacher would do." What then are the aversive techniques used in school settings? According to Englander (1986) teachers choose from a variety of options when they are confronted with violations of the rules within their classrooms. "When a student violates a rule, teachers react. However, the reaction differs between students depending on the inference each given teacher makes about the student...furthermore, we respond differently depending on the severity of the deviant behavior." (p. 7) Parents of all children, including those with disabilities, tell of a variety of techniques used when children are disruptive.

What is significant is that these techniques seem to be used more frequently and with greater magnitude on children with disabilities. Parents have told us that their children have been verbally reprimanded, spanked, slapped, socially isolated in time out rooms or boxes, suspended or expelled from school, shut in closets, verbally humiliated in front of others, had ice or

noxious substances used on their skin or in their mouth and nostrils, and made to do menial or dirty chores.

The following is just one example. Mr. Jacobs related how his six-year-old son, Brian, came home from school with bruises on his cheeks and above and below his lips. When he asked the teacher what had happened, Mr. Jacobs was told that Brian had spoken out of turn. The punishment for each time he did this was to have his lips forcefully held closed for one minute. If Brian protested, his lips would be held closed for another minute. Mr. Jacobs also learned that this particular procedure had been used on Brian 17 times that day. When he questioned why this form of punishment was used, Mr. Jacobs was told that one of Brian's goals was to learn to talk appropriately. Holding his lips closed when he was talking inappropriately was one of the techniques.

WHY USE AVERSIVES?

What parent has not punished his or her child for something? Whether a slap on the hand, a verbal reprimand, or "standing in the corner," parents use punishment because their child has misbehaved in some way. The goal, obviously, is to stop the child from continuing. In psychological terms, positive reinforcement (i.e. praise, rewards, etc.) is used to increase the frequency of a desired behavior, while punishment is used to decrease and/or eliminate undesired behavior. The goal of punishment should be to suppress one behavior in order to teach another behavior that is more appropriate and acceptable.

Psychologists have argued that punishment does not have to be hurtful, and, if administered consistently, can serve to decrease the frequency of an undesirable behavior. For example, if a child is seeking attention by screaming and having temper tantrums, one way of responding might be to sharply and sternly command the child, "Stop screaming!" In most cases the child will stop screaming, at least temporarily. Probably, he or she will begin screaming again, however, if not taught a more acceptable way of getting and sustaining appropriate attention.

Often people who use punishment and aversive techniques believe that the negative behavior has to be totally eliminated before any teaching of positive behaviors can occur. Consequently, when the command "Stop screaming" is no longer effective, a stronger response is often used. This is usually coupled with a warning, such as, "If you don't stop that screaming I will spank you." If the screaming resumes then the person is spanked. And so it goes. The ante, so to speak, keeps getting raised in an effort to eliminate the negative or undesirable behavior. In other words, first the negative behavior has to be extinguished or eliminated. Only then can a new behavior be introduced. It is our contention, however, that by using this approach, that is, punishment and the use of aversive interventions to eliminate a negative behavior

first, the person may never get an opportunity to learn anything other than punishment. What is missing, of course, is any effort to teach a more acceptable way of communicating or any notion that the bad behavior is a form of communication.

Besides punishment, however, aversives are also used for other reasons. Returning to Jenny for a moment, it is not hard to see that her teacher was using the "time-out" box as a way of getting rid of Jenny as a disruptive influence in the classroom. Rather than teaching Jenny a more acceptable way of behaving or seeking attention, the teacher chose to eliminate the problem by removing Jenny from the room. When Jenny did not comply with the teacher's rules she was sent from the room.

Many parents are aware that their children are being taught how to comply in the classroom. Even parents of typical, non-disabled children have observed "compliance training" as a primary goal of education. One parent told us about a school principal who said, "In this school, the students have to learn how to behave by our (teachers and administrators) rules." While, in principle, this rule is good, we question how well students learn to adopt these rules when they are taught through punishment and intimidation.

Another reason punishment and aversives are used is because people have not learned other ways of dealing with problem behaviors. Indeed, some people would argue that it is essential that the people be punished so that they can experience the consequences of their actions. In practical terms, however, people with developmental disabilities may not fully comprehend that their behavior is disturbing or disruptive. While it may be important that they experience some of the natural consequences of their actions, it is equally important that they learn more socially acceptable ways of expressing themselves. As did Jenny's mother, many other parents and professionals question the value of teaching people by punishing them. What is it they are learning? They may be learning that the way people interact is to hurt each other.

Unfortunately, punishment is an easy and generally acceptable response to a complex problem. In many cases, people use punishment to "get even" (retribution), to "show them how it feels." For many people it makes sense to punish someone no matter how severely "until he learns." Parents of youngsters with "challenging behaviors" are often embarrassed or humiliated when their child misbehaves. They respond from their "gut" when their child acts out. Let us illustrate.

My child spits at me and my first reaction is often an emotional one. I am hurt, disgusted. Without thinking, I might spit back or strike out to slap his face. I have taken his spitting at me personally. Rather than stop for a moment and try to figure out why he did that or what he is trying to tell me by spitting, I

have reacted out of hurt and humiliation. I want retribution. I want him to understand how horrible I feel by making him feel the same way. We all do this at one time or another. So do teachers, parents, and other care givers. None of us are perfectly under control all the time.

When children act out, parents usually feel hurt and may return the pain, not because they want to hurt their child, but because they are frustrated and feel powerless. Often, parents believe that other parents and professionals are judging them as "bad" parents because they cannot control their son or daughter. Severely punishing the child or using aversive techniques helps the parents to regain their sense of authority and control. Most parents do not like punishing their children. The phrase, "This hurts me more than it hurts you," illustrates this point.

Is there an alternative? Actually, the answer to this question is what the controversy is all about. Until recently, parents have turned to professionals for the answers when dealing with problematic behaviors. Behavior modification, behavior management, aversives, punishments, and negative reinforcements have been the buzz words for professionals and parents. Recently, the discussion has centered on discovering alternatives to aversives, and positive programming techniques. Each of these terms refers to non-punitive and non-aversive alternative strategies.

LaVigna and Donnellan (1986) argue that punishment is simply not necessary. They explain that, "There are at least four variations on the basic programming theme...

A. teaching a new behavior or class of behaviors;

B. substituting communicative means;

C. substituting a more socially appropriate behavior and

D. assigning meaning."

These approaches are based upon the belief that the victim (i.e. the person with the problem) should not be blamed and consequently punished for his or her outbursts. Instead, the person should be helped to learn more socially acceptable forms of communicating and behaving.

GENTLE TEACHING

The concept of gentle teaching further states that establishing positive interpersonal relationships between people with disabilities and their caregivers is absolutely essential for long-term success. Gentle Teaching (McGee, 1987) is both the title of a book and a term used to explain a way of thinking about

people with disabilities. The goal of the gentle teaching approach is to enable the person with undesirable behaviors to learn the value of being with other people by establishing meaningful relationships. John McGee, who with his colleagues has popularized this technique, describes gentle teaching as a "non-aversive approach to helping persons with mental retardation." (McGee, 1987) He writes at length about the importance of developing a relationship between the care giver and the person with the disability. He does not minimize the difficulty of creating such a relationship when a person is disruptive, abusive, or self-injurious. However, he holds firm to the importance of valuing each other as human beings and firmly believes that people with disabilities, even those with severe handicaps, can learn to respond positively when they experience the benefits for themselves of social interaction and bonding with others.

Generally, caregivers, including parents, do not receive instruction and training in gentle teaching techniques, especially when they are actually being confronted with individuals who are behaving in disturbing or disruptive ways. For the average caregiver, teacher, or practitioner even McGee's writings are difficult to translate into practice.

It is difficult, at best, to value being with a person who is spitting or trying to hurt you. McGee believes, however, that people who value or care about each other will treat each other well. He offers three steps toward establishing positive interactions, the goal of which is the development of a caring relationship between two people who value each other. The methods that McGee uses are based upon the following:

1. ignore the disturbing behavior;

2. redirect the person into an acceptable behavior;

3. let the person know how pleased you are with him.

Using the spitting example, the parent or caregiver would try to completely ignore the spitting while attempting to engage the person in some activity that is acceptable. That is, no attention or value would be given to the spitting, nothing said or done that acknowledged that spitting occurred. Prevention, such as moving out of the way if possible, perhaps by stepping back a pace or two if the spitting is being directed at you, may be necessary to prevent injury. Secondly, redirect the person toward some activity that is more socially acceptable and will allow the person to learn the value of human interaction. For example, offer something to drink, suggest a different activity, hand the person an object that might be mutually enjoyed (toy, magazine, etc.-- something that is appropriate for the person's age, is interesting, and allows human interaction). As soon as the person stops the spitting and begins to engage in another more acceptable activity

immediately show how pleased you are to be with her, and to see her doing something constructive. In other words, the personal attention and words become the reward for stopping the spitting, even though no attention was given to the actual spitting behavior.

This is not an easy or simple process. It may require many, many experiences with negative behaviors, such as spitting, while the trusting relationship is being developed. The message that is being given, "I care about you and I value our relationship," must constantly be conveyed. Parents of children with disabilities have explained that they are able to persist in ignoring their son or daughter's disturbing behaviors because they know they love their child. It is the behavior they do not like and cannot tolerate. It is because they love their child that these parents and caregivers are willing to persevere.

What about the spitting, the hitting, the disturbing behaviors? Why do they happen in the first place?

WHY DO THEY ACT THAT WAY?

Teachers, researchers, and parents agree that children are trying to communicate something through their disruptive behavior. This observation is particularly true for children who cannot talk or have some difficulty with self-expression in general. For the most part, social behavior is considered to be a form of communication. If a behavior occurs more frequently when other people are around, in all probability, it is an attempt to "say" or express something. Of course, not all behavior is intended as communication. Things we do when alone, or when we perceive ourselves to be alone may have different functions.

For example, a person who is bored or frustrated may do a variety of things. Finger tapping, hand flapping, hair twirling, and nail biting may have no other function than to pass the time. Perhaps these are expressions of nervousness, boredom, anxiety, or a desire to do something else. Some people, mainly psychologists, will "label" these behaviors as "self-stimulatory" or examples of "self-stimulation." The same behaviors exhibited by typical people are usually called bad habits. No matter what they are called, we should consider the possibility that such behavior reflects how the person is feeling, and that the person may also be communicating these feelings.

Besides expressing boredom or frustration, disruptive behavior may have a variety of functions. It may be a request for something. For example, by grabbing on to someone, a child may be saying "come play with me" or "I need affection." The same behavior could be a request for permission, help, information, food, toys, or attention. In each case, the grabbing is not meant to hurt or

injure, even though that may happen. In reality, the grabbing is a request.

A disruptive behavior could also be an attempt to stop something. It might be a protest, complaint, or refusal to participate or continue. A teacher told us about a boy in her third grade class who tried to hit her every day. After several days of observations it became clear that the boy hit the teacher only when she told him to work on his math. Through his hitting her, he was saying, "I don't want to do this. I can't do this. Stop telling me to do my math."

Likewise, such behavior can mean "get me out of here." In the example given above, each time the boy hit the teacher she would remove him from the room. He was sent to sit in the library before he could return to the classroom. Fairly quickly, the boy had learned how to get out of doing something (his math) that he did not want to do, or could not do. Once the teacher recognized what his hitting was communicating, she re-examined her expectations for him in math. She re-evaluated his math IEP goals and modified his schedule so that math time came right before Music (his favorite class). She stopped telling him to "do" his math. Instead, she would ask him what Math work he was supposed to be finishing before he went to music. The teacher also made sure she was not within reach of the boy, thus preventing him from hitting her.

Disruptive behaviors can be a statement about something, particularly when the child does not have language to express his or her thoughts, feelings, or opinions in words. Joey, a six-year-old boy would have periodic episodes of violent screaming and crying. It seemed to everyone involved that these episodes were entirely unprovoked. "All of a sudden he would just start screaming. Then usually he would begin to cry uncontrollably." Joey's family had no idea what to do or how to respond. Eventually, with the help of some friends, they were able to piece together a theory that Joey was frightened by something and that, periodically, he would be reminded or think about whatever it was that frightened him. Besides making a comment about something that frightened him, Joey was also expressing his feelings in the only way he knew.

Other children with disabilities use disruptive behaviors to convey their feelings of anticipation, boredom, confusion, fear, frustration, pleasure, hurt feelings, pain, joy, and pleasure. Clarke is a young man with autism. He has very limited language skills. He also has a difficult time expressing his feelings in ways that people can easily understand. Through experience, Clarke's family has learned that when he punches his head with his fist, or bangs his head on the wall, he is trying to say "I am angry" or "I am scared." When he pinches his stomach or slaps his sides, however, he is trying to tell his family "I feel sick." He

is asking them not only to help him, but to understand how he feels.

When Jane, who is profoundly deaf and has moderate cerebral palsy, is bored or frustrated she bites her hand. Sometimes she has bitten herself so hard or so frequently that her hand bleeds. She does not necessarily mean to injure herself, but biting her hand is the only way she knows to express how she feels.

Clearly, disruptive behaviors serve the purpose of getting attention. It is important to understand, however, that this attention is not sought for negative reasons but serves to communicate something. Although this process sounds simple, it is, in fact, very complex because of the form the behavior takes and because the functions it serves can combine in a variety of ways. One form of behavior can serve several different functions. For example, a person may grab your arm to get your attention, ask for help, tell you that he or she is frustrated, and so on. Several forms of behavior can also serve one function. For example, a person may throw a tantrum, injure him/herself, and/or hit another person in order to express frustration, anger, excitement, or boredom.

To complicate matters even more, some behaviors serve different functions at different times or in different situations. For example, a person who wants help may whine or cry in the presence of one person, but may hit or grab when with someone else. Also, some communicative behaviors are like talking to yourself. These can serve the purpose of getting control of yourself, rehearsal or practice, or to control emotions.

While all of this may sound confusing, the important thing to remember is that almost all communicative behavior is an attempt to control the world. One of the most powerful motivators of all people, including children, is to control things around them. The simplest form of control is making choices. Children and adults often feel that they have no control over their own world. This feeling may be particularly strong for people with disabilities. When other means are not available or do not work, people often develop bizarre ways of controlling their world. As a result hitting may serve to control the teacher's demanding behavior. If a person wants to be left alone, hitting anything that comes close to him may be an effective way of making this simple choice.

Before we can begin to enable children with disabilities to gain better control of themselves we need to explore ways of understanding more clearly what messages they are communicating. One way of approaching this process is by answering five simple questions.

WHO, WHAT, WHEN, WHY, AND WHERE?

WHO Who is present when the problem behavior occurs? How many people? Who was about to come in or who was about to leave? Who were the adults, children, teachers, parents? Were people present who ordinarily would not have been (i.e. strangers, or people in unusual attire)? Who was <u>not</u> present who ordinarily would be? Does the problem behavior occur more often when a particular person is present? Whom was the behavior directed at? Answers to these questions will help to determine if a particular person or grouping of people is related to the problem behavior.

WHAT What was the behavior? What was happening when the problem behavior occurred? Was the child being asked to do something? Was the task too hard or too easy? Was the child playing freely, or were the tasks and time more structured? What were other people doing? Was the event or task almost over? Was it about time to move on to something else? Did the problem behavior occur at the beginning, middle or end of the event or task? What is happening when the problem behaviors <u>do</u> <u>not</u> occur or are less likely to occur?

WHEN This question is complex because it also relates to when the behavior does not occur. Are problems more likely to occur in the morning, before lunch, bedtime, free play, going out, Mondays, Fridays, and so on? Within an activity, does the behavior occur at the beginning or end?

WHERE In what location does the problem behavior happen most often? Does it occur in the kitchen, bedroom, hallway, classroom? What other locations? Even more specifically, does it occur in a particular part of a certain location (e.g. near the window or door, close to a closet where a favorite toy is kept etc.). Where does it <u>not</u> occur?

WHY What is the purpose of the behavior? This question, obviously, is the most difficult to answer. But with the information gathered from the other questions (e.g. who, what, when, where) the "why" may be more apparent.

With this question you are trying to determine what function the behavior will serve for the child -- that is, "why" does he or she behave this way (what is happening), at this time (when), in this location (where), and among these people (who).

THE ABCs OF PROBLEM BEHAVIORS

Another valuable way to help understand problem behaviors is referred to by psychologists as the ABCs of problem behavior. This acronym refers to the Antecedents (A) of the behavior, or what occurs just before the child had a problem; the Behavior (B) itself (e.g. hitting, spitting, laughing etc.); and the Consequences (C) that occurred as a result of the behavior.

A - Antecedents

What happened just before the child became disruptive? Anything that occurred during this time could be a possible cause. Who was present or absent, what was going on, where was the child and so on. Let's use an example.

> Karen was playing quietly at the sand table in the four-year olds room at a local day care center. Suddenly she started screaming and throwing sand on the floor. Two of the adult assistants in the room immediately rushed to Karen's side. Later, in discussing this incident, Karen's teachers tried to remember what was happening just before Karen became upset. In particular, they remembered that Karen had been playing alongside Jonathan, pouring sand into his hands and watching it flow between his fingers. She was happy and giggling. Just before Karen became upset, Jonathan had run off to play with another child in a different part of the room. The teachers concluded that Karen became upset because Jonathan had left her side.

B - Behavior

What did the child do? What was the behavior that occurred? In the incident described above, Karen began have a tantrum. Specifically she screamed and threw sand on the floor. Remember, as we said before, most social behavior is communicative. What was Karen trying to say? Probably she was trying to tell Jonathan that she was upset that he left her.

C - Consequence

What happened as a result? Again, using the example above, the result of Karen's tantrum was that two adults immediately went to her. They responded to her by paying attention to her.

By taking a look at the ABCs of a particular problem, you will either be better able to prevent some behaviors from occurring, or be better able to respond to what is happening.

RESPONDING TO A PROBLEM BEHAVIOR

There are three different ways of responding to a problem behavior, the most important of which is to teach a new behavior.

CRISIS MANAGEMENT

When a person is hurting him/herself or other people, or is seriously damaging property in a dangerous way, crisis management is necessary. This may involve restraint, physical force, and/or other interventions that protect life and limb. For example, if a person is biting her hand repeatedly, a crisis intervention might be to physically hold her hand away from her mouth. The goal here is to prevent her from further injuring her hand. However, it is important to recognize that crisis management techniques and interventions are short term solutions to long term problems.

CHANGE THE ENVIRONMENT

In each of the examples we have used, changing the environment may temporarily limit the problem behavior from continuing to occur. By this we mean altering any circumstances that might decrease the chance of the behavior continuing or recurring, such as changing locations, people, or things. For example, moving out of reach of someone who is trying to hit, kick, or slap makes it almost impossible for these behaviors to have an effect. When the behavior seems to occur more frequently at a certain time of day or in a certain location, the person's schedule could be changed or he might use a different room. For the person who attempts to disrobe in public, providing him with clothing that fastens in the back may be one short-term strategy.

POSITIVE PROGRAMMING OR TEACHING

The most important response to a problem behavior is to teach an acceptable way of communicating and behaving. Usually, the behavior you want to teach is incompatible with the negative behavior. After carefully looking at the who, what, when, and where questions, and after considering what the person is trying to communicate, it will be easier to decide what positive teaching should be done. Returning to the example of Karen, it becomes obvious that Karen needs to learn how to tell her playmates that she does not want them to abandon her. Perhaps she can learn to say or sign, "play with me," or perhaps she can learn how to stop an activity and move to another where other children are already playing, and so on. For Clarke, who would punch his head when he was upset, he learned how to say "I am angry" and "I am scared." The young woman who continually bit her hand, seemingly because she was bored or frustrated, was offered a variety of interesting activities from to choose. One of the activities she chose was drawing. Eventually she learned how to

paint. This new hobby gave her something constructive to do with her hands, and offered her a pleasant leisure activity. Recently, she made her first trip to a local art gallery.

Returning to Jenny, whose story began this article, in her new classroom she learned how to communicate when she was becoming anxious or agitated. Jenny was taught to ask permission to leave the room for a few minutes, and she was given age appropriate interesting activities during school time. Jenny really likes being with her nondisabled peers. And they like Jenny. They seem to understand how she feels and, through their example, they help her express her emotions in different ways. With the guidance of her teachers and her friends, Jenny is learning how to express herself in more positive ways.

INTEGRATION VERSUS SEGREGATION - A CAVEAT

We cannot talk about the use of aversives without talking about integration and segregation. Unfortunately, many students with handicapping conditions are still being educated in self-contained segregated settings where they have little or no opportunities to interact with their non-disabled peers. It has been our experience that the use of aversive punishments is found more frequently in segregated settings. By contrast, it would be very hard for a regular education teacher or a special education teacher in a regular setting to administer slaps, pinches, noxious vapor sprays, or even verbal humiliation without someone reacting. One parent told us that she had learned that her son was being shut into a darkened broom closet as a punishment for crying. The teacher hadn't told her this. One of the first grade typical classmates had asked the mother why the teacher did that.

Similarly, until one of the teachers in a segregated building began to seek help outside of her school building, very few people in her community were aware of some of the practices being used to subdue children in this school for handicapped children. These practices included placing elementary school students in straitjackets, tying them in their chairs, and hiring an assistant who became known as "the bouncer" because his job was to physically restrain students by holding their arms behind their backs. It is doubtful that these practices would have gone unnoticed in a typical public school setting. It is also doubtful that the school administrators would have approved of such measures, no matter what the infraction. It is just not as easy to ignore or avoid noticing unequal or punitive treatment in an integrated setting without someone questioning the value and process.

WHAT CAN PARENTS DO?

In reference to schools, parents have a variety of options. First, it is important to work cooperatively with the teacher to

understand the different forms of behavior their child exhibits. For children who are non-verbal or who have difficulty communicating their wants and needs, the parents and teachers should openly share their knowledge and experiences so that they can understand the child's behaviors. There are lots of ways to accomplish this sharing. Together, they can observe the child in a variety of situations and discuss what they see. Another technique involves making videotapes of the child, again in a variety of situations, and discussing what the child is communicating by his/her actions.

For example, Joey is a seven-year-old child who does not speak. However, he does spit frequently. His teacher arranged for someone to observe Joey and keep a record every time he spat. Originally, the teacher wanted Joey's mother to know "what she had to put up with" in terms of the amount of spitting Joey did. During her discussions with Joey's Mom, however, the teacher learned that this is Joey's way of trying to get out of something he did not want to do or could not do. Together, they were able to recognize that Joey needed to learn a better way of communicating his wants.

Secondly, parents and teachers can agree upon positive ways of both anticipating and responding to problems. As part of the child's IEP, they can develop positive ways of teaching appropriate behaviors and methods of communicating. For example, our son Ben, labeled as autistic and mentally retarded, hits other people. He is a teenager who is over six feet tall. Because of his size and strength he can be quite intimidating. Over the years, however, his teachers, friends, and we have been able to identify what circumstances are likely to precipitate his striking out at someone. We have learned what to watch for. For example, from years of experience, we know he has difficulty moving from one activity or site to another. At transition times, he is likely to become confused and try to hit someone. His hitting during these times is one way of saying "I don't want to move now" or "I am confused, I need help."

In developing his IEP with his teachers, we agreed on one goal and one strategy to help Ben make smoother transitions. The goal was for him to learn to communicate that he was scared or confused. The strategy, at least initially, was to be sure that during the transition he was not close enough to actually hit anyone. However, when passing through the halls of his junior high school, this distance from others was almost impossible to achieve. So the strategy was modified to having Ben walk through the hallways with one shoulder almost touching the wall and the other hand resting on the shoulder of another student he trusted and liked. It looked very normal, and he managed to transition fairly easily. In addition, Ben was given a "five minute warning" before it was time to finish and move to another activity to help him prepare for the transition.

On those occasions when he did hit another student, Ben was instructed to apologize, was reminded to keep his hands down or in his pockets, (this is usually prompted by the other typical student), and was allowed to continue on to his destination.

QUESTIONS PARENTS CAN ASK

If parents are not comfortable with punishment or the use of aversives, they should refuse to give their permission. Understanding that what is considered acceptable behavior will change over time, there are still several questions that parents can ask to help them decide what is best for their child.

1. **Would this particular procedure be used on a regular student for the same infraction or behavior?**

If the answer is "no," then it should not be used on a student with special needs. If the answer is "yes" it still may not be right even for the non-disabled student. It is a question of fairness. Is this fair treatment for any child?

2. **Would this procedure be condoned or allowed in a public school classroom setting?**

Again, if the answer is "no," then it should not be permitted in any other setting.

3. **Would you feel comfortable using this technique on someone else's child, specifically with a friend's child?**

If the answer is "no," then it should not be used with any child, regardless of the circumstances.

Finally, and perhaps most important, parents and teachers need to ask themselves:

4. **What will this child (as well as the other children involved) ultimately learn from this punishment or consequence?**

The answer should be positive behavioral change and greater self-control. If it is not, the punishment should not be administered.

It is not easy when a child misbehaves, is disruptive, aggressive, or hurts him or herself. <u>It is not hopeless either!</u>

ADDITIONAL STRATEGIES

* Get together with other parents and share your techniques and strategies.

* Share your support and your courage. Such sharing is amazingly helpful.

* Arrange for training and information sharing about positive alternatives to the use of aversives.

* Arrange for public meetings to learn more about these and similar resources.

* Locate books and articles which offer information and strategies for parents. Some of these are listed in the resource section of this monograph.

* Keep a record of what happens when a problem arises; document when, where, who, what and why so that you can get a clearer picture of patterns that may emerge.

  According to one mother of a young woman with disabilities, "In that way you can get a good picture of why certain behaviors occur...whether it was because of sickness, menstrual periods ...you can get a clearer picture." Ask the school to do the same thing.

* Include specific positive intervention strategies in your child's IEP. Examples of these and other tips are included in the Appendix of this monograph.

CONCLUSION

People with disabilities do not have to be hurt in order to learn. They do need help in learning how to communicate their feelings effectively, and to behave in ways that are considered socially acceptable. After describing aversive interventions and discussing why they are used, this monograph explained why there is a controversy about using aversives. Then we explained the alternative approaches that have been gaining acceptance, especially gentle teaching. Included in this discussion has been information about why people with disabilities act in disturbing ways. Finally, we have outlined a problem solving approach for understanding the "communicative intent" of disruptive behavior, and concluded with suggestions for parents or where they can learn more.

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POSITION STATEMENT ON THE ABUSE OF AVERSIVES

AUTISM SOCIETY OF AMERICA (ASA)

(formerly the National Society for Autism, NSAC)

Adopted November 20, 1985 by the Board of Directors

The National Society for Children and Adults with Autism (NSAC) is dedicated to the education and welfare of persons with severe disorders of communication and learning. NSAC recognizes that behavior modification techniques have proven very successful in educating and training children and adults with autism.

Because of recent reports about the abuse of behavior modification techniques, NSAC reaffirms its longstanding position that aversives and psychotropic drug therapies be used only for the closely monitored and short-term purpose of reducing or alleviating client or patient behaviors that threaten the health and safety of the client or others. Further, NSAC believes that any such short-term aversive intervention must be accompanied by a program designed to reduce and eliminate its use.

The Supreme Court established a benchmark that is instructive in the issue of aversives and client welfare when on another matter related to the handicapped it wrote: "If it is cruel and unusual punishment to hold committed criminals in unsafe conditions, it must be unconstitutional to confine the involuntarily committed -who may not be punished at all - in unsafe conditions," (Youngberg v. Romeo, 644 L.2d 147, pp. 44. January 18, 1982).

NSAC concurs fully with the spirit of the Court's holding and deplores the use of aversives that cause excessive physical pain, tissue damage, illness, and severe stress and thereby jeopardize the wellbeing and/or life of the client.

The National Society is aware that there may be occasions when conscientious and concerned practitioners must make judicious use of short-term, well designed, and monitored interventions that include aversive elements. However, in no case should an aversive be more severe than the behavior it is designed to correct, neutralize, or prevent.

The failure of government to ensure adequate and effective training and treatment programs is the root cause that forces parents and officials to accept dubious and dangerous placements for autistic citizens. NSAC urges federal, state, and local government officials to commence immediately the design and funding of appropriate programs to meet the large and pressing need of individuals with autism.

RESOLUTION ON INTRUSIVE INTERVENTIONS

THE ASSOCIATION FOR PERSONS WITH SEVERE HANDICAPS (TASH)

Passed, October 1981

WHEREAS, in order to realize the goals and objectives of The Association for Persons with Severe Handicaps, including the right of each severely handicapped person to grow, develop, and enjoy life in integrated and normalized community environments, the following resolution is adopted:

WHEREAS, educational and other habilitative services must employ instructional and management strategies which are consistent with the right of each individual with severe handicaps to an effective treatment which does not compromise the equal important right to freedom from harm. This requires educational and habilitative procedures free from indiscriminate use of drugs, aversive stimuli, environmental deprivation, or exclusion from services; and

WHEREAS, TASH supports a cessation of the use of any treatment option which exhibits some or all of the following characteristics: (1) obvious signs of physical pain experienced by the individual; (2) potential or actual physical side effects, including tissue damage, physical illness, severe stress, and/or death, that would properly require the involvement of medical personnel; (3) dehumanization of persons with severe handicaps because the procedures are normally unacceptable for nonhandicapped persons in community environment; (4) extreme ambivalence and discomfort by family, staff, and/or caregivers regarding the necessity of such extreme strategies or their own involvement in such interventions; and (5) obvious repulsion and/or stress felt by nonhandicapped peers and community members who cannot reconcile extreme procedures with acceptable standard practice;

RESOLVED, that The Association for Persons with Severe Handicaps' resources and expertise be dedicated to the development, implementation, evaluation, dissemination, and advocacy of educational and management practices which are appropriate for use in integrated environments and which are consistent with the commitment to a high quality of life for individuals with severe handicaps.

POSITION STATEMENT ON AVERSIVE THERAPY

AMERICAN ASSOCIATION ON MENTAL DEFICIENCY (AAMD)

Some persons who have mental retardation or developmental disabilities continue to be subjected to inhumane forms of aversive therapy techniques as a means of behavior modification. The American Association on Mental Deficiency (AAMD) condemns such practices and urges their immediate elimination. The aversive practices to be eliminated include some or all of the following characteristics: (a) obvious signs of physical pain experienced by the individual; (b) potential or actual physical side-effects, including tissue damage, physical illness, severe stress, and/or death; and (c) dehumanization of the individual, through means such as social degradation, social isolation, verbal abuse, techniques inappropriate for the individual's age, and treatment out of proportion to the target behavior, because the procedures are normally unacceptable for nonhandicapped Indivlduals.

The AAMD urges continuing research into humane methods of behavior management and support of existing programs and environments that successfully habilitate individuals with complex behaviors.